



STATE OF ARKANSAS  
SECURITIES DEPARTMENT  
HERITAGE WEST BUILDING, SUITE 300  
201 EAST MARKHAM STREET  
LITTLE ROCK, AR 72201



TELEPHONE: 501.324.9260 FAX: 501.324.9268 INTERNET: [www.state.ar.us/arsec](http://www.state.ar.us/arsec)

FMLA Form 002

PARENTS, SUBSIDIARIES AND AFFILIATES

**NOTE: PLEASE SUBMIT ORIGINAL FORMS ONLY; THE DEPARTMENT WILL NOT ACCEPT FAXED COPIES. PLEASE RETAIN A COPY FOR YOUR RECORDS. INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION.**

Copy this page as necessary and attach.

Applicant/Licensee: \_\_\_\_\_

AR License Number\* \_\_\_\_\_

\*Enter "PENDING" if license number has not yet been issued.

| Type                                | Name/DBA & Principal Place of Business | Telephone Number | Tax ID | Type of Business Conducted |
|-------------------------------------|--|------------------|--------|----------------------------|
| <input type="checkbox"/> Parent     | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Subsidiary | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Affiliate  | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Other      | _____                                  | _____            | _____  | _____                      |
| (Explain)                           | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Parent     | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Subsidiary | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Affiliate  | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Other      | _____                                  | _____            | _____  | _____                      |
| (Explain)                           | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Parent     | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Subsidiary | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Affiliate  | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Other      | _____                                  | _____            | _____  | _____                      |
| (Explain)                           | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Parent     | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Subsidiary | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Affiliate  | _____                                  | _____            | _____  | _____                      |
| <input type="checkbox"/> Other      | _____                                  | _____            | _____  | _____                      |
| (Explain)                           | _____                                  | _____            | _____  | _____                      |